



PHYSICAL THERAPY BOARD OF CALIFORNIA

1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204

TELEPHONE (916) 561-8200 FAX (916) 263-2560

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APPLICATION FOR EXAMINATION AND/OR LICENSURE

(Physical Therapist or Physical Therapist Assistant)

Indicate the type of license for which you are applying: ☐ Physical Therapist ☐ Physical Therapist AssistantHave you previously taken the NPTE in California and/or another state? ☐ No ☐ Yes ☐ PT Exam ☐ PTA ExamHave you ever failed the NPTE in California and/or another state? ☐ No ☐ Yes ☐ PT Exam ☐ PTA Exam

If you answered "Yes" to any of the above, identify the state in which you sat for the exam: _____ Date: _____

Read all instructions prior to completing this application. All questions on this application must be answered.

If not applicable indicate N/A. Please type or print neatly. Attach additional sheets of paper if necessary.

1. Applicant's Name:		
Last	First	Middle
2. Previous Names: (include maiden name)		
3. Residence Address: (P.O. Box Not Acceptable)		Public Address of Record:
Street		Street
City:	State:	Zip Code:
City:		State:
Zip Code:		Zip Code:
4. Home Telephone Number: ()		Cellular Telephone Number (optional): ()
Work Telephone Number : ()		E-Mail Address (optional):
5. *U.S. Social Security Number: - -		Birth Date: (month / day/year)

6. Do you have a disability/impairment which may require special accommodations?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, complete the D1 Form.	
7. Have you ever applied for physical therapist and/or physical therapist assistant licensure in California?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, give date(s) of previous application(s), license number if applicable and identify whether PT or PTA application.	

8. List name and location of physical therapy or physical therapist assistant program.

Name of College or University	Location (US State or Country)	Program PT or PTA	Period of Attendance
			From: To:

9. PTA Equivalency Applicants Only. List name and location of schools attended after secondary school.

Name of College, University, or Military Program	Location (US State or Country)	Period of Attendance
		From: To:

10. Foreign Educated Applicants Only. Have you submitted your transcripts to an approved evaluation service?

☐ No ☐ Yes If yes, specify which evaluation service was utilized. _____

* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS

Disclosure of your U.S. social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405©(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

For state use only Applications Reviewer _____

If you answer "Yes" to any of the following questions, please attach an additional sheet of paper if necessary.

11. Have you ever been issued a physical therapist and/or physical therapist assistant license in any state?

If yes, list the state, license number, date of issuance and date of expiration.

☐ No ☐ Yes

You must have a **current** license in another state in order to qualify for endorsement per Section 2636.5 of the Business and Professions Code.

Type of License PT	PTA	State	License Number	Date of Issuance	Date of Expiration

12. Has any disciplinary action ever been filed or taken regarding any healing arts license (certificate, approval, authorization, etc.) which you now hold or have ever held, including any California license? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, other federal government entity and any state or country.

☐ No ☐ Yes

If yes, give details below and provide copies of discipline order and documentation of rehabilitation.

State or Country	Date	Charge	Disposition

13. Have you ever voluntarily surrendered or been denied a license to practice any healing art, or permission to take an examination in any state (including California), territory, or any country?

☐ No ☐ Yes

If yes, give details below and provide copies of discipline order and documentation of rehabilitation.

State or Country	Date	Charge	Disposition

14. Have you ever had a professional privilege denied, restricted, suspended or revoked?

☐ No ☐ Yes

If yes, please attach your explanation on a separate sheet of paper.

15. Have you ever been convicted of, or pled nolo contendere to ANY offense in ANY state in the United States or Foreign Country? (refer to page 3, Applicants with Criminal History, in the Application Instructions)

This includes a citation, infraction, misdemeanor and/or felony, etc. If "YES" list each offense by dates, violation, and court of jurisdiction in appropriate column below. Matters in which you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4, MUST be disclosed. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. This list is not all-inclusive. If in doubt as to if a conviction should be disclosed, it is better to disclose the conviction on the application.

For each conviction disclosed, you must submit with the application certified copies of the arresting agency report, certified copies of the courts documents, and a descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e. dates and location of incident and all circumstances surrounding the incident). This letter must accompany the application. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required. (Attach additional sheets of paper if necessary.)

Applicants who answer "**NO**" to the question but have a previous conviction or plea may have their application denied or license revoked for knowingly falsifying the application.

☐ No

☐ Yes (Provide Details Below)

Documents Enclosed: ☐ No ☐ Yes (Include with your response the reason why documents are not enclosed.)

ARREST DATE	CONVICTION DATE	VIOLATION	COURT OF JURISDICTION (FULL NAME AND ADDRESS)

PHOTOGRAPH INSTRUCTIONS: ONE (1) COLOR 2X2 PASSPORT STYLE PHOTO. (Group or Cropped Photos will not be accepted.)
The photograph must have been taken within the last 60 days and must be vertically oriented and contain the applicant only. One (1) passport style photograph must be firmly pasted to the application in the space provided below.

I hereby declare under penalty of perjury under the laws of the State of California, that the photograph of myself hereto, was taken on or about _____, 20____.



Age	Color of Hair	Color of Eyes	Height Ft. & In.	Weight Lbs.	Identifying Marks

Notice: All items in this application are mandatory; except item 4. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 2632 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State, or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THE APPLICATION OR ANY ATTACHEMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND COPIES OF ALL DOCUMENTS SUBMITTED WITH THE APPLICATION ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT (BLUE INK)

DATE

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REPORTS OF INJURIES

Section 11160, Penal Code requires a health practitioner (including physical therapists and physical therapist assistants), who in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person suffering from a wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm or any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct, to immediately make a report to a local law enforcement agency. Assaultive or abusive conduct includes murder (violation of Section 187), manslaughter (violation of Section 192 or 192.5) and mayhem (violation of Section 203), aggravated mayhem (violation of Section 205), torture (violation of Section 206), assault with intent to commit mayhem, rape, sodomy, or oral copulation (violation of Section 220), battery (violation of Section 242), sexual battery (violation of Section 243.5), incest (violation of Section 285), throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure (violation of Section 244), assault with a stun gun or taser (violation of Section 244.5), assault with a deadly weapon, firearm, assault weapon, or machine gun, or by means likely to produce great bodily injury (violation of Section 245), rape (violation of Section 261), spousal rape (violation of Section 262), procuring any female to have sex with another man (violation of Section 266, 266a, 266b, or 266c), child abuse or endangerment (violation of Section 273a or 273d), abuse of spouse or cohabitant (violation of Section 273.5), sodomy (violation of Section 286), lewd and lascivious acts with a child (violation of Section 288), oral copulation (violation of Section 288a), sexual penetration (violation of Section 289), elder abuse (violation of Section 368), and an attempt to commit any of the above crimes. "Injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

A report by telephone shall be made immediately or as soon as practically possible. A written report shall be prepared and sent to a local law enforcement agency within two working days of receiving the information regarding the person. A local law enforcement agency shall be notified and a written report shall be prepared and sent even if the person who suffered the wound, or other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

The report shall include, but shall not be limited to, the following:

- (A) The name of the injured person, if known.
- (B) The injured person's whereabouts.
- (C) The character and extent of the person's injuries.
- (D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a team member to make the required telephonic and written reports. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

REPORTING OF SUSPECTED INSTANCE OF CHILD ABUSE

Section 11166, Penal Code requires any health practitioner (including physical therapists and physical therapist assistants), who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning this incident.

Failure to comply with the requirements of Section 11160 or 11166 of the Penal Code is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000) or by both.